



The Commonwealth of Massachusetts  
Alcoholic Beverages Control Commission  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **MILLVILLE**

LICENSE NUMBER: **071800002**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **POLISH AM. CITIZENS CLUB OF**

DOING BUSINESS AS **MILLVILLE, MA., INC.**

ADDRESS: **37 IRONSTONE ST**

CITY/TOWN **MILLVILLE**

STATE: **MA**

ZIP CODE: **01529**

MANAGER: **SHEEHAN,  
JOSEPH G.**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

**TWO STORY BLDG WITH AN ENTRANCE AND EXIT ON IRONSTONE ST. FIRST FLOOR  
BASEMENT WITH FOUR SMALL ANTE ROOMS AND SECOND FLOOR WITH DANCE AND  
ASSEMBLY HALL. TWO SIDE EXITS**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

**046-04-8955**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN **MILLVILLE**

LICENSE NUMBER: **071800003**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **MARK C. DUFFY**

DOING BUSINESS AS **POT BELLY PUB**

ADDRESS: **187 MAIN ST.**

CITY/TOWN **MILLVILLE**

STATE: **MA**

ZIP CODE: **01529**

MANAGER: **DUFFY, MARK C.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

**DESCRIPTION OF LICENSED PREMISES:**

**CEMENT BLOCK & STUCCO BLDG. WITH 5 MEANS OF EGRESS. 4 ON MAIN LEVEL. MAIN LEVEL, LOUNGE, DINING RM., KITCHEN AND 10' X 28' SUN DECK. FUNCTION ROOM & STORAGE IN LOWER LEVEL WITH 2 MEANS OF EGRESS.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

**036-32-7030**

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **MILLVILLE**

LICENSE NUMBER: **071800005**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **QUAKER PLAZA INC**

DOING BUSINESS AS **CENTURY DISCOUNT LIQUOR**

ADDRESS: **OFF BUXTON STREET**

CITY/TOWN **MILLVILLE**

STATE: **MA**

ZIP CODE: **01529**

MANAGER: **LABONTE, PETER** TYPE OF LICENSE: **Package Store** CATEGORY: **All Alcohol**  
**N.**

DESCRIPTION OF LICENSED PREMISES:

**ONE STORY CONCRETE BLDG. ONE EXIT AND ENTRANCE IN FRONT. ONE EXIT AND  
ENTRANCE IN REAR. LOCATED IN SHOPPING PLAZA OFF BUXTON ST**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

**042-72-3983**

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN **MILLVILLE**

LICENSE NUMBER: **071800009**

APPLICATION FOR RENEWAL:

**Annual**

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **GEORGE'S VARIETY, INC**

DOING BUSINESS AS **GEORGE'S VARIETY**

ADDRESS: **32 CENTRAL ST**

CITY/TOWN **MILLVILLE**

STATE: **MA**

ZIP CODE: **01529**

MANAGER: **KHOURY,  
GEORGE R.**

TYPE OF LICENSE: **Package Store**

CATEGORY: **All Alcohol**

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

---

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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